

# SPECIAL NEEDS

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www.chic2009.org

CHIC 2009



07.12-17.09

Students requesting accommodations for special needs must submit this form with their student registration form, and will receive notification of their acceptance status and any details about a special needs Companion by May 25<sup>th</sup>, 2009.

## General Information

The CHIC staff has a support team in place to help accommodate students with special needs. This team will make every reasonable effort to assist students with physical, mental, and/or emotional impairments who are able to function in a public school setting. All buildings and events at the University of Tennessee are handicap accessible and transportation will be available to shuttle students with special needs and their Companions to and from activities.

Churches are encouraged to send a volunteer to serve as a one-on-one Companion for any student with special needs who may require assistance or supervision. If a church is unable to send a Companion, and if prior notification is given, a member of the CHIC special needs team may be available to serve as a one-on-one Companion for a student. Please indicate any need or plans for a one-on-one Companion below. Adults serving as Companions also need to complete a staff application form and should indicate their role as a Companion on that form.

## Student Information

NAME \_\_\_\_\_

GENDER  Female  Male

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

CHURCH \_\_\_\_\_

CHURCH CITY \_\_\_\_\_ STATE/PROV \_\_\_\_\_ ZIP \_\_\_\_\_

CHIC CONTACT NAME \_\_\_\_\_

CHIC CONTACT EMAIL \_\_\_\_\_ CHIC CONTACT PHONE \_\_\_\_\_

1. Please explain the student's type(s) of disability below:

2. Please check the severity that best describes the student's condition:

Mild  Mild to Moderate  Moderate  Moderate to Severe  Severe

## Traveling Companion (check one option)

This student does not require the assistance of a Companion

Our church has a Companion provided:

Companion's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

This student requires the assistance of a one-on-one Companion provided by the CHIC staff. Specific skills necessary for this Companion include:

(Form continued on reverse side)

**SPECIAL NEEDS Form (Page 2 of 2)**

**I. MOBILITY: (only complete this section if the student has special needs in this area)**

1. (a) Will the student bring a wheelchair or scooter with him/her?     Yes    No (if no, skip to # 5)  
  
(b) If yes, please provide the wheelchair or scooter dimensions: \_\_\_\_\_
  
2. (a) Is the wheelchair motorized, therefore not requiring additional assistance?     Yes    No  
  
(b) If no, is the student capable of lifting and pushing his/her own wheelchair?     Yes    No  
  
(c) If no, please list the name of a traveling friend or the Companion who will provide assistance in lifting and pushing the wheelchair/scooter: \_\_\_\_\_  
  
\_\_\_\_\_  Student needs a Companion appointed to help with this task
  
3. (a) If student is bringing a wheelchair or scooter, does it collapse?     Yes    No  
  
(b) If yes, is the student able to collapse and reassemble the wheelchair/scooter without help?     Yes    No  
  
(c) If no, please list the name of a traveling friend or the Companion who knows how to collapse and reassemble the wheelchair or scooter: \_\_\_\_\_  
  
\_\_\_\_\_  Student needs a Companion appointed to help with this task
  
4. (a) Does the wheelchair or scooter require gas?     Yes    No  
  
(b) Does the wheelchair or scooter require electricity?     Yes    No
  
5. If the student is **not** bringing a wheelchair or scooter, please describe any other mobility accommodations that he/she may need:

**II. COMMUNICATION: (only complete this section if the student has special needs in this area)**

Please describe the exact nature of the accommodation that might be necessary:

**III. COMPREHENSION: (only complete this section if the student has special needs in this area)**

Please describe the exact nature of the accommodation that might be necessary:

**IV. VISION: (only complete this section if the student has special needs in this area)**

Please describe the exact nature of the accommodation that might be necessary:

**V. MEDICATION: (only complete this section if the student has special needs in this area)**

Please describe the exact nature of any medication the student needs during CHIC:

**VI. SPECIAL DIETARY REQUIREMENTS: (only complete this section if the student has special needs in this area)**

Please describe the exact nature of any dietary requirements affecting the student throughout CHIC:

**VII. OTHER ISSUES: (only complete this section if the student has special needs in this area)**

Please describe any other special needs the student may require while traveling to/from CHIC, or while attending CHIC:

**AUTHORIZATION**

Please have both the student's parent/guardian and the CHIC group leader (or, alternately, the pastor), review this form and sign off on the information provided above.

I have read and understand the above

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE ↑

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN NAME (PLEASE PRINT) ↑

I have read and understand the above

\_\_\_\_\_  
GROUP LEADER OR PASTOR SIGNATURE ↑

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GROUP LEADER OR PASTOR NAME (PLEASE PRINT) ↑